Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN   |  |   |                 |                               |                 |                  |                     |                        |     |                     |                        |  |
|--|--|---|-----------------|-------------------------------|-----------------|------------------|---------------------|------------------------|-----|---------------------|------------------------|--|
|  |  |   | (Column 1)      |                               | (Column 2)      |                  | TYPE [              |                        |     | SMALL               |                        |  |
| TOTAL CLAIMS   |  |   |                 |                               |                 |                  | RATE                | FEE                    | 1   | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED    |                               | NUMBER EXTRA    |                  | BASIC FEE           | 355.00                 | OR  | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 13 minus 20=    |                               | *               |                  | X\$ 9=              |                        | OR  | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   | → minus 3 =     |                               | *               |                  | X40=                |                        | OR  | X80=                |                        |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT          |                               |                 |                  | +135=               |                        | OR  | +270=               |                        |  |
| * If   | the difference   | in column 1 is                            | less than zo    | ero, ente                     | "0" in column 2 |                  | TOTAL               |                        | OR  | TOTAL               | 710.                   |  |
| CLAIMS AS AMENDED - PART II  |  |   |                 |                               |                 |                  |                     |                        | •   | OTHER               |                        |  |
|  |  | (Column 1)                                |                 | (Colun                        |                 | (Column 3)       | SMALL               | ENTITY                 | OR  | SMALL               |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY    | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                            |                 | =                | X\$ 9=              |                        | OR  | X\$18=              |                        |  |
| AME  | Independent  | *   | Minus           | Minus ***  LTIPLE DEPENDENT   |                 | =                | X40=                |                        | OR  | X80=                |                        |  |
| L  | FIRST PRESE  | NTATION OF MI                             | JUITPLE DE      | PENDEN                        | CLAIM           |                  | +135=               |                        | OR  | +270=               |                        |  |
|  |  |   |                 |                               |                 |                  | TOTAL               |                        | OR  | TOTAL               |                        |  |
|  |  | ADDIT. FEE                                |                 | <b>1</b> 011,                 | ADDIT. FEE      |                  |                     |                        |     |                     |                        |  |
|  |  | (Column 1)<br>CLAIMS                      |                 | (Colui                        |                 | (Column 3)       | <u> </u>            | 4001                   | 1 1 |                     | 4001                   |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUM<br>PREVIO<br>PAID         | OUSLY           | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                            |                 | =                | X\$ 9=              |                        | OR  | X\$18=              |                        |  |
| ME   | Independent  | *   | Minus           | ***                           |                 | =                | X40=                |                        | 0.0 | X80=                |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                 |                               |                 |                  |                     |                        | OR  |                     |                        |  |
|  |  |   |                 |                               |                 |                  | +135=               |                        | OR  | +270=               |                        |  |
|  |  |   |                 |                               |                 |                  | TOTAL<br>ADDIT. FEE |                        | OR  | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 3)                                |                 |                               | _               |                  |                     |                        |     |                     |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY    | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NDM  | Total  | *   | Minus           | **                            |                 | =                | X\$ 9=              |                        | OR  | X\$18=              |                        |  |
| ME   | Independent  | *   | Minus           | ***                           |                 | =                | X40=                |                        | 00  | X80=                |                        |  |
| Ĺ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                 |                               |                 |                  |                     |                        | OR  |                     |                        |  |
| * 1  | f the entry in colu  | mn 1 is loss than th                      | ne entry in col | ımn 9 weite                   | a "N" in col    | lumn 3           | +135=               |                        | OR  | +270=               |                        |  |
| ***  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                 |                               |                 |                  |                     |                        |     |                     |                        |  |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                 |                               |                 |                  |                     |                        |     |                     |                        |  |